

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization <i>Marilyn Shannon for State Rep</i>		Employer identification number <i>93 1203589</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>7955 Portland Rd NE</i> City or town, state, and ZIP code <i>SALEM, OR 97305-9401</i>		
3 E-mail address of organization <i>MarilynShannon@aol.com</i>		
4a Name of custodian of records <i>AL SHANNON</i>	4b Custodian's address <i>Same as #2</i>	
5a Name of contact person <i>Same as 4a</i>	5b Contact person's address <i>Same as #2</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Election of a state Representative

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<i>NONE</i>		

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